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ABSTRACT

Although peer leaders have been effectively assisting school staffs since the 1960s, they have recently assumed their most critical role to date. Peer leaders are leading other students through drug prevention curricula, particularly those based on the Special Influence Model (SIM), which seeks to stregthen students' awareness of and resistance to external pressures exerted by family, friends, and the media, and to internal pressures such as low self-esteem that can lead youth to drug use. In addition, peer leaders are serving as prevention program administrators and often are taking the leadership in developing alternative drug-free school and community activities. (ABL)

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Peer Leaders in Drug Abuse Prevention

Caroline E. Mohai

Introduction

During the past decade much has been learned about school-based drug prevention programming. We now know that effective programs are comprehensive, begin intervention efforts early, project a clear no-use message, contain different strategies for different populations, and coordinate their program with a broader community-wide prevention effort (Mohai, 1991).

More light has also been shed on the strengths and weaknesses of specific program components, including curricula. Though drug prevention curricula assessment has been difficult, evidence is mounting that curricula based on the Social Influence Model (SIM) is especially effective in changing student drug-use attitudes and behavior (Ellickson, 1990; Bangert-Drowns, 1988; MacKinnon, 1991). Research has also shown that allowing students to take an active role in prevention program delivery strengthens the program as well as boosting the self-esteem and academic performance of the students who assist (Carr, 1988; Benard, 1990; Norem-Hebeisen, 1983). Because of these advantages, more and more schools are enlisting the skills and enthusiasm of trained "peer leaders" to lead other students through SIM-based drug prevention curriculums (Perry, 1986).

Peer Leaders in Student Services

Peer leaders have been used by student services professionals since the mid-1960s. Peer leaders have assisted school counselors and administrators in providing support for fellow students with special needs such as academic (tutoring), social (orienting new students), physical (aiding handicapped students), or emotional (leading support groups). Both the growing strength of the self-help movement, and the diminishing resources available to schools for assisting students, have made peer leader programs appealing. (Carr, 1988; Benard, 1990).

Selection of peer leaders has been done in a number of ways, although most programs do not restrict participation to high achievers or student leaders. In fact, serving as a peer leader has been shown to have a transforming effect on the school performance of underachieving and alienated youth (U.S. Department of Health and Human Services, 1989). Once selected, peer leaders go through a special training program to develop strong communication and decision-making skills (Myrick & Sorenson, 1988).

Specific benefits of a peer leader program include: (1) freeing up time for teachers and counselors to perform other tasks, (2) providing strong role models for other students (peers are more effective as role models than adults), (3) creating a less threatening counseling environment where students can share attitudes and experiences that they might not wish to discuss with an adult, and (4) strengthening the self-esteem of peer leaders by providing them with leadership experience and an opportunity to play a meaningful role in the lives of others (Webb, 1987).

Social Influence Model (SIM) and Drug Abuse Prevention

Based on the knowledge that social pressures play a major role in shaping behavior, especially the behavior of youth, the Social Influence Model (SIM), or Peer Influence Model as it is sometimes called, seeks to strengthen students' awareness of and resistance to the external pressures exerted by friends, family, and the media, and to internal pressures such as low self-esteem that can lead youth to drug use (Norem-Hebeisen, 1983; Pentz, 1990; Benard, 1990). Prevention curriculum based on SIM dispenses objective information about drug use (within the context of a clear no-use philosophy), examines drug use attitudes and behaviors, and gives social resistance skill training (Ellickson, 1990; Mohai, 1991).

Using Peer Leaders in SIM Discussion/Resistance Skill Training

A variety of SIM curriculum delivery modes exist including printed materials, presentations, media announcements, posters, games, surveys, movies, and computer programs. One SIM approach especially conducive to the use of peer leaders is discussion and resistance skill training groups where students can sort out together assumption from fact and learn and practice assertiveness skills that will help them successfully negotiate their way through the various social situations in which their behavioral choices are challenged (Ellickson, 1990; Perry, 1986; U.S. Department of Health and Human Services, 1989).

Discussion/resistance skills training has become popular because it capitalizes on adolescent needs for competence, autonomy, recognition, and fun, and addresses social isolation that can lead to feelings of alienation and delinquent behavior. (Carr, 1988; Benard, 1990). Skills targeted for improvement are:

- cognitive awareness
- goal setting
- problem identification and management
- decision making
- communication, including assertion and refusal skills (Carr, 1988).

Peer leaders lead fellow students through a specific drug prevention curriculum that includes group discussion, question/answer and writing exercises, and individual and group role playing. During these exercises students challenge each others' beliefs, try out new social skills, and provide important emotional support to one another that can extend beyond the group session (Benard, 1990).

Using peer leaders to deliver SIM-based drug prevention curricula has many benefits. By giving youths an opportunity to help and learn from each other, student-led SIM curricula address the internal needs of youth for personal efficacy and self-worth, while building valuable skills in identifying and effectively resisting

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social pressures to use drugs. To be effective, peer-led SIM programming efforts should:

1. be supervised by well-trained adults capable of modeling the desired skills;
2. be based on demonstrated needs;
3. represent the social composition of the school and community;
4. be interactive and experiential; and,
5. provide peer leaders with extensive training and opportunities for skill renewal. (Carr, 1988)

Peer Leaders as Prevention Program Administrators

In addition to their use in directing group discussion/resistance skill training groups, peer leaders also serve as prevention program administrators: assessing school needs, selecting appropriate programs, and coordinating program implementation and assessment. They also have taken the leadership in developing alternative drug-free school and community activities. Peer leaders in some school districts have served as instructors for younger students, teaching them about the hazards of drug use while indirectly serving as powerful role models. Others have encouraged peer leaders to establish and coordinate student-run businesses to give youth more skills and greater experience with assuming adult responsibilities (U.S. Department of Health and Human Services, 1989).

Conclusion

Although peer leaders have been effectively assisting school staffs since the 1960s, they have recently assumed their most critical role to date: leading other students through drug prevention curriculums, particularly those based on the Social Influence Model. In addition, peer leaders are serving as prevention program administrators and often are taking the leadership in developing alternative drug-free school and community activities.

General Resources

For educators exploring possible drug prevention approaches and curricula, several excellent guides to curriculum selection are available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852, (800) 729-6686, the public information arm of the U.S. Department of Health and Human Services. Free titles include:

Drug prevention Curricula: A Guide to Selection and Implementation;
Community Creating Change: Exemplary Alcohol and Other Drug Prevention Programs;
Prevention Plus II: Tools for Creating and Sustaining Drug-Free Communities;
Learning to Live Drug Free: A Curriculum Model for Prevention;
Prevention Resource Guide's for Elementary Youth and Secondary School Students.

Also serving as a programming resource are the Drug-Free Schools and Communities Regional Centers established in 1986 as part of the Drug-Free Schools and Communities Act to help schools and communities eliminate drug and alcohol use among youth. The five regional centers are:

Northeast Regional Center, Sayville, NY, (516) 589-7022
Southeast Regional Center, Louisville, KY, (502) 588-0052
Midwest Regional Center, Oak Brook, IL, (708) 571-4710
Southwest Regional Center, Norman, OK, (800) 234-7972
Western Regional Center, Portland, OR, (503) 275-9480

Two organizations dedicated to the promotion and improvement of peer leader programs may also be of help:

The National Peer Helpers Association
P.O. Box 3783
Glendale, California 91221-0783
(818) 240-2926

The Peer Counselling Project
University of Victoria
Victoria, British Columbia
V8W 3N4, CANADA
(604) 721-7812

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